



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591971

REPORT NO. **E361745**

INTERSTATE <input type="checkbox"/>	CITY STREET <input type="checkbox"/>	FIRE RESULTED <input type="checkbox"/>
STATE ROUTE <input checked="" type="checkbox"/>	OTHER <input type="checkbox"/>	STOLEN VEHICLE <input type="checkbox"/>
COUNTY RD <input type="checkbox"/>	PRIVATE WAY <input type="checkbox"/>	HIT & RUN INVOLVED <input type="checkbox"/>

TRIBAL RESERVATION

CASE #	14-02443
LOCAL AGENCY CODING	0664
TOTAL # OF UNITS	03
OBJECT STRUCK	

M M D D Y Y Y Y	TIME (2400)	COUNTY #	MILES	CITY #
DATE OF COLLISION 10 - 02 - 2014	0915	31		
N <input type="checkbox"/> E <input type="checkbox"/> IN <input checked="" type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/> OF 0664				

ON (PRIMARY TRAFFIC WAY) INTERSECTION <input type="checkbox"/> NON-INTERSECTION <input checked="" type="checkbox"/>
SR9 BLOCK NO. <input checked="" type="checkbox"/> 100
MILE POST <input type="checkbox"/>

DISTANCE	OF (REFERENCE OR CROSS STREET)
MILES <input type="checkbox"/> N <input type="checkbox"/> E <input type="checkbox"/> FEET <input type="checkbox"/> S <input type="checkbox"/> W <input type="checkbox"/>	

UNIT 01	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 3603039199
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LAST NAME	BRAGIN	FIRST NAME	BORIS	MIDDLE INITIAL	D
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STREET NEW ADDRESS	16006 73RD DR SE # B
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CITY	SNOHOMISH	ST	WA	ZIP	982968671
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CDL	RESTRICTIONS	B	ENDORSEMENTS	
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DRIVER'S LICENSE #	BRAGIBD174K2	STATE	WA	SEX	M	D.O.B.	MMDDYYYY	05	-	22	-	1983
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	1	NATURE OF INJURIES
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LICENSE PLATE #	SAYBR26	STATE	WA	VIN#	1FTSX21P55EA27555
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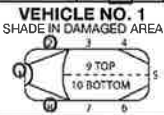
TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2005	MAKE	FORD	MODEL	F250	STYLE	VEHICLE TOWED YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	STATE NATIONAL INS CO CRX9-46693
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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UNIT 02	MOTOR VEHICLE <input checked="" type="checkbox"/>	PEDAL-CYCLE <input type="checkbox"/>	PEDESTRIAN <input type="checkbox"/>	PROPERTY OWNER <input type="checkbox"/>	DAMAGE THRESHOLD MET YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	PHONE D: 4252184106
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LAST NAME	VIRAKPANYOU	FIRST NAME	ANG	MIDDLE INITIAL	
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STREET NEW ADDRESS	13425 NE 133RD ST APT 13G
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CITY	KIRKLAND	ST	WA	ZIP	980345656
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CDL	RESTRICTIONS	ENDORSEMENTS
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DRIVER'S LICENSE #	VIRAKA*363D5	STATE	WA	SEX	F	D.O.B.	MMDDYYYY	03	-	25	-	1964
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ON DUTY <input type="checkbox"/>	STATUS	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	7	NATURE OF INJURIES
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HEAD, NECK, CHEST

LICENSE PLATE #	261YHE	STATE	WA	VIN#	2FMZA50401BB96196
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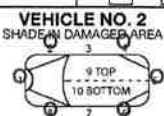
TRAILER PLATE #	STATE	TRAILER PLATE #	STATE
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VEH. YEAR	2001	MAKE	FORD	MODEL	WINDSTR	STYLE	ES	VEHICLE TOWED YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	TOWED BY	GOVT. VEHICLE YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT <input checked="" type="checkbox"/>	INSURANCE CO & POLICY #	ALLSTATE 706101484
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VEHICLE LEGALLY STANDING YES <input type="checkbox"/> NO <input type="checkbox"/>	CITATION #	CHARGE
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OFFICER'S NAME (PRINT)	N. ADAMS #127	BADGE OR ID #	127	AGENCY	WA0311900
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STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E361745**

CASE # **14-02443**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)		SY SERMSRI																
ADDRESS & PHONE #		6806 MALTBY RD WOODINVILLE WA 980729718																
SEX		F		D.O.B. MMDDYYYY		08		-		28		-		1953				
PASSENGER	<input checked="" type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #	2	SEAT POS.	3	AIRBAG	2	RESTR.	4	EJECT	1	HELMET USE	2	INJURY CLASS	7	NATURE OF INJURIES HEAD, NECK, LEG
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #																		
SEX				D.O.B. MMDDYYYY				-				-						
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES
NAME (LAST, FIRST, MIDDLE INITIAL)																		
ADDRESS & PHONE #																		
SEX				D.O.B. MMDDYYYY				-				-						
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES

NARRATIVE

On 10/02/14 at about 0915 hours (all times approximate) I was dispatched to a collision with injuries just south of Market Pl on SR-9 in the city of Lake Stevens.

Vehicle 1 (LIC: SAYBR26) was traveling northbound on SR-9 approaching Market Pl. Vehicle 1 failed to stop before noticing Vehicle 2 (LIC: 261YHE) was slowing for Vehicle 3 (LIC: AGH7389) which was stopped for the red traffic signal at Market Pl.

Vehicle 1 rear-ended Vehicle 2 which in turn rear-ended Vehicle 3. The two occupants of Vehicle 2 were the only persons who claimed injuries and were transported to the hospital. Vehicle 1 and Vehicle 3, although damaged, were driven away from the scene while Vehicle 2 was pushed to the side of the road and later towed away.

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

N. ADAMS #127		10-02-14 06:58 PM	
INVESTIGATING OFFICER'S SIGNATURE		UNIT OR DIST. DET	
APPROVED BY		DATE	
ROBERT MINER 095		10/3/2014 3:28:12 AM	
BADGE OR ID #	127	ORI #	WA0311900
TIME POLICE DISPATCHED	9:16 AM	TIME POLICE ARRIVED	9:18 AM



SUPPLEMENTAL
POLICE TRAFFIC
COLLISION REPORT



013197

REPORT NO. **E361745**

CASE # **14-02443**

COMMERCIAL MOTOR CARRIER

INTERSTATE ☐

INTRASTATE ☐

UNIT # **1**

USDOT

ICC #

VEHICLE TYPE

CARGO BODY TYPE

CARRIER NAME

CARRIER ADDRESS

CITY

ST

ZIP

NAME SOURCE

AXLES **00**

GVWR **0**

PLACARD ☐

+

NAME IF NO NUMBER

ADDITIONAL UNITS

UNIT # **3**

MOTOR VEHICLE ☒

PEDAL-CYCLE ☐

PEDESTRIAN ☐

PROPERTY OWNER ☐

DAMAGE THRESHOLD MET YES ☐ NO ☒

PHONE

D: 4258769369

LAST NAME

MCLELLAND

FIRST NAME

MICHELLE

MIDDLE INITIAL

L

STREET NEW ADDRESS ☒

3514 CATHERINE DR

CITY

LAKE STEVENS

ST

WA

ZIP

98258

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE #

MCLEML215BG

STATE

WA

SEX

F

D.O.B. MMDDYYYY

01

07

1979

ON DUTY ☐

STATUS

AIRBAG

2

RESTR.

4

EJECT

1

HELMET USE

2

INJURY CLASS

1

NATURE OF INJURIES

LICENSE PLATE #

AGH7389

STATE

WA

VIN#

19XFB2F54CE314166

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

2012

MAKE

HOND

MODEL

CIV4D

STYLE

4D

VEHICLE TOWED YES ☐ NO ☒

TOWED BY

GOVT. VEHICLE YES ☐ NO ☒

REGISTERED OWNER INFO. OWNED BY DRIVER

LIABILITY INSURANCE IN EFFECT ☒

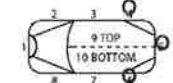
INSURANCE CO & POLICY # **ESURANC INS CO PAWA-005455257**

VEHICLE LEGALLY STANDING YES ☒ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



UNIT #

MOTOR VEHICLE ☐

PEDAL-CYCLE ☐

PEDESTRIAN ☐

PROPERTY OWNER ☐

DAMAGE THRESHOLD MET YES ☐ NO ☐

PHONE

LAST NAME

FIRST NAME

MIDDLE INITIAL

STREET NEW ADDRESS ☐

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S LICENSE #

STATE

SEX

D.O.B. MMDDYYYY

ON DUTY ☐

STATUS

AIRBAG

RESTR.

EJECT

HELMET USE

INJURY CLASS

NATURE OF INJURIES

LICENSE PLATE #

STATE

VIN#

TRAILER PLATE #

STATE

TRAILER PLATE #

STATE

VEH. YEAR

MAKE

MODEL

STYLE

VEHICLE TOWED YES ☐ NO ☐

TOWED BY

GOVT. VEHICLE YES ☐ NO ☐

REGISTERED OWNER INFO.

LIABILITY INSURANCE IN EFFECT ☐

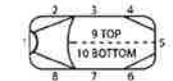
INSURANCE CO & POLICY #

VEHICLE LEGALLY STANDING YES ☐ NO ☐

CITATION #

CHARGE

SHADE IN DAMAGED AREA



I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.065)

N. ADAMS #127

10-02-14 06:58 PM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST DET

DATED:

PLACE SIGNED

BADGE OR ID #

127

ORI #

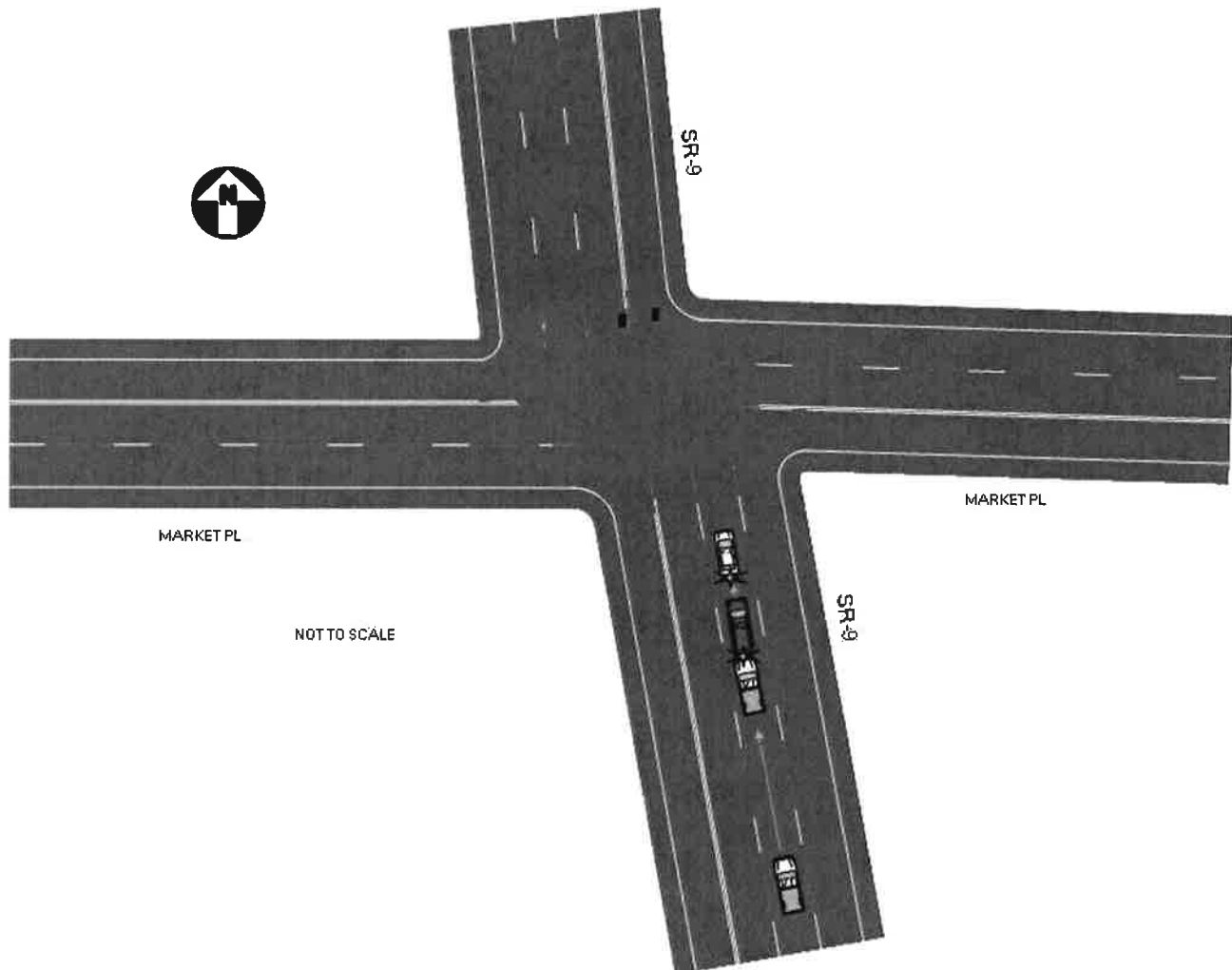
WA0311900

APPROVED BY
MINER

DATE
10/3/2014

PAGE **3**

OF **4**



LAKE STEVENS POLICE EVIDENCE UNIT <i>Collision</i>		Primary Officer/Badge Number <i>Adams #127</i>		Case Number <i>14-02443</i>	
Type of Crime: Felony / Misdemeanor (Circle)		Type of Case: <i>Collision</i>		Date/Time: <i>10/2/14 1336</i>	
Action Number: 3 - EVIDENCE; 5 - FOUND; 10 - SAFEKEEPING		*Evidence will be held until court disposition or when the Statute of Limitations has expired *Found and Safekeeping will be held for 60 days or 60 days past owner notification			
Item # <i>NA1</i> Action # <i>3</i>	Item <i>CD with pics</i>		Brand Name <i>Compucessory</i>		Storage Location
	Brand/Model/Caliber		(Further Description)		
	Serial #	Where Found <i>SR-9/Market PL</i>	Weight of Narcotic		
Owner's Name <i>LSPD</i>		Address		City	State
				Zip	Phone #
Barcode goes here					
Owner Signature/Other remarks /additional information/ special instructions <div style="text-align: right;"><i>#127</i></div>					
Item # Action #	Item		Brand Name		Storage Location
	Brand/Model/Caliber		(Further Description)		
	Serial #	Where Found	Weight of Narcotic		
Owner's Name		Address		City	State
				Zip	Phone #
Barcode goes here					
Owner Signature/Other remarks /additional information/ special instructions					
Item # Action #	Item		Brand Name		Storage Location
	Brand/Model/Caliber		(Further Description)		
	Serial #	Where Found	Weight of Narcotic		
Owner's Name		Address		City	State
				Zip	Phone #
Barcode goes here					
Owner Signature/Other remarks /additional information/ special instructions					
Item # Action #	Item		Brand Name		Storage Location
	Brand/Model/Caliber		(Further Description)		
	Serial #	Where Found	Weight of Narcotic		
Owner's Name		Address		City	State
				Zip	Phone #
Barcode goes here					
Owner Signature/Other remarks /additional information/ special instructions					
Item # Action #	Item		Brand Name		Storage Location
	Brand/Model/Caliber		(Further Description)		
	Serial #	Where Found	Weight of Narcotic		
Owner's Name		Address		City	State
				Zip	Phone #
Barcode goes here					
Owner Signature/Other remarks /additional information/ special instructions					
Item # Action #	Item		Brand Name		Storage Location
	Brand/Model/Caliber		(Further Description)		
	Serial #	Where Found	Weight of Narcotic		
Owner's Name		Address		City	State
				Zip	Phone #
Barcode goes here					
Owner Signature/Other remarks /additional information/ special instructions					
<div style="text-align: right; color: red; font-weight: bold; font-size: 1.2em;">LSPD ORIGINAL</div>					
Evidence Control Use Only:					
Received by Evidence:		NCIC/WACIC <input checked="" type="checkbox"/> Date:		CAD/RMS Checked	
Name: _____ # _____		NCIC/WACIC + Date:		Owner Letter Sent:	
Date: _____ Time: _____		NCIC/WACIC - Date:		Owner Letter Sent:	
				ROUTING: _____	
				White: Property Room	
				Yellow: Case File	

Incident History for: #SS14019270 Xref: #AG14002819

Case Numbers: \$SS14002443

Entered 10/02/14 09:15:19 BY SPDF27 SP0213
Dispatched 10/02/14 09:16:14 BY SPDP17 SP0203
Enroute 10/02/14 09:16:14
Onscene 10/02/14 09:18:25
Closed 10/02/14 10:52:56

Initial Type: COL Initial Alarm Level: Final Alarm Level:

Final Type: COL (COLLISION, NON-PRIORITY) Pri: 2 Dispo: H

Police BLK: SS003 Fire BLK: AG1518 Map Page: 397E-1 Group: SS1 Beat: WEST

Src: T

Loc: MARKET PL/SR 9 NE , LKS (V)

Loc Info:

Name: BRIAN

Addr:

Phone: 2064065075

/0915 (SP0213) ENTRY , 2 VEHS, BLOCKING ON SR 9 , SO MARKET PLACE, MIN
OR INJS, RP IS OFF DUTY DIST 1 PARAMEDIC, REQ BL
S UNITS FOR THE EVAL
/0915 CROSS #AG14002819
/0916 (SP0203) DISPER 19D2 #SS127 ADAMS, OFFICER (NATHAN)
/0916 CHANGE LOC: SR 204/SR 9 NE , LKS --> MARKET PL/SR 9 NE
, LKS,
BLK: SS002 --> SS003
/0918 (SS127) *ONSCNE 19D2
/0918 (SP0203) ASSTER 19D1 [MARKET PL/SR 9 NE , LKS]
#SS105 IRWIN, OFFICER (DENNIS)
/0937 ONSCNE 19D1
/0937 (*****) REMINQ 19D1 261YHE
/0937 (SP0203) REMINQ 19D1 LIC, 19D1, 261YHE, , ,
/0937 ROTREQ 19D2 TOW 5099 LKS MACK'S TOWING
3605683131 , REAR END DAMAGE
/0938 MISC 19D1 , MACKS TOW ENRT
/0942 (SS127) REMINQ 19D2 MDTVEH, SAYBR26, , WA, , , , , , , , ,
/0943 (SP0203) MISC 19D1 , CANCEL TOW, PUT THEM BACK ON TOP OF THE ROTATIO
N
/0944 ROTREQ 19D1 TOWX 5099 LKS MACK'S TOWING
3605683131
/0950 (SS127) REMINQ 19D2 MDTVEH, 261RYEH, , WA, , , , , , , , ,
/0950 REMINQ 19D2 MDTVEH, 261YHE, , WA, , , , , , , , ,
/1001 (SP0203) ASNCAS 19D2 \$SS14002443
/1004 (*****) REMINQ 19D1 APP9212
/1004 (SP0203) REMINQ 19D1 LIC, 19D1, APP9212, , ,
/1005 (SS105) *MISC 19D1 , PER DRIVER HER FRIEND WAS ENROUTE TO REMOVE FRO
ZEN GOODS FROM VAN
/1006 *MISC 19D1 , FRIEND ARRIVED AND MOVED VEH OFF ROADWAY AND RE
COVERED PERSONAL PROP AND FOOD OF DRIVER THEY WI
LL ARRANGE TOW LATER
/1017 (SP0203) CLEAR 19D1
/1017 CHGLOC 19D2 [CC]
/1017 MISC 19D2 , CHECKING VICT
/1031 (SS127) *ONSCNE 19D2
/1052 *CLEAR 19D2 D/H
/1052 CLOSE 19D2

LSPD
ORIGINAL